

Fill in this information to identify the case:

Debtor name Remarkable Healthcare of Fort Worth, LP
United States Bankruptcy Court for the: Eastern District of Texas
Case number (if known): 23-42100 (State)

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**
Copy line 88 from *Schedule A/B* \$ 0.00

1b. **Total personal property:**
Copy line 91A from *Schedule A/B* \$ 2,243,551.30

1c. **Total of all property:**
Copy line 92 from *Schedule A/B* \$ 2,243,551.30

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* \$ 3,435,078.62

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**
Copy the total claims from Part 1 from line 6a of *Schedule E/F* \$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**
Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F* +\$ 0.00

4. **Total liabilities** \$ 3,435,078.62
Lines 2 + 3a + 3b

Fill in this information to identify the case:Debtor name Remarkable Healthcare of Fort Worth, LPUnited States Bankruptcy Court for the: Eastern District of TexasCase number (if known): 23-42100☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Regions BankChecking2 4 0 6\$ 5,391.003.2. See continuation sheet\$ 1,058.33**4. Other cash equivalents (Identify all)**

4.1. _____

\$ _____

4.2. _____

\$ _____

5. Total of Part 1\$ 6,449.33

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____

\$ _____

7.2. _____

\$ _____

Debtor

Remarkable Healthcare of Fort Worth, LP
Name

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____
8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less:	1,174,922.67	-	0.00	= →	\$ 1,174,922.67
	face amount		doubtful or uncollectible accounts			
11b. Over 90 days old:	1,133,208.30	-	87,529.00	= →	\$ 1,045,679.30
	face amount		doubtful or uncollectible accounts			

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 2,220,601.97

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. _____ \$ _____
14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____
15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____
16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Remarkable Healthcare of Fort Worth, LP

Document

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Case number (if known)

23-42100

Name

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
Inventory (medicines, foods, etc.)				15,000.00
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				\$ 15,000.00
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☒ Yes. Book value _____ Valuation method _____ Current value 15,000.00

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor

Remarkable Healthcare of Fort Worth, LP
Name**33. Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture See Attachment A (Depreciation Schedule)	\$ _____	_____	\$ Unknown _____
40. Office fixtures See Attachment A (Depreciation Schedule)	\$ _____	_____	\$ Unknown _____
41. Office equipment, including all computer equipment and communication systems equipment and software See Attachment A (Depreciation Schedule)	\$ _____	_____	\$ Unknown _____
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?☐ No☒ Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor

Name

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 2011 Ford Econoline (see Attachment A)	\$		\$ 1,500.00
47.2	\$		\$
47.3	\$		\$
47.4	\$		\$
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	\$		\$
48.2	\$		\$
49. Aircraft and accessories			
49.1	\$		\$
49.2	\$		\$
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) See Attachment A (Depreciation Schedule)			
	\$		\$ Unknown
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ 1,500.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Debtor

Name

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$ _____	_____	\$ _____
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

Debtor

Remarkable Healthcare of Fort Worth, LP
Name

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____	—	_____	= →	\$ _____
	Total face amount	doubtful or uncollectible amount		

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____	\$ _____
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74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____	\$ _____
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Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____	\$ _____
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Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____	\$ _____
-------	----------

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____	\$ _____
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_____	\$ _____
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78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor

Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 6,449.33	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 2,220,601.97	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 15,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 1,500.00	
88. Real property. <i>Copy line 56, Part 9.</i> ➔		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 2,243,551.30	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. 2,243,551.30		\$ 2,243,551.30

Debtor 1

Remarkable Healthcare of Fort Worth, LP

Case number (if known)

First Name

Middle Name

Last Name

Continuation Sheet for Official Form 206 A/B

3) Checking, savings, money market, or financial brokerage accounts

General description	Type of account	Last 4 digits of account number
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Regions Bank	Checking	6188
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Balance: 219.16

Regions Bank	Checking	2384
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Balance: 500.00

Regions Bank	Checking	4045
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Balance: 339.17

REMARKABLE HEALTHCARE - FORT WORTH				2022																2023																
Obtain Certificate of Occupancy on 4.14.11	Date Acquired	Cost	Useful Life in Months	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2022 Depr	Acc. Depr	Basis 12/31/22	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2023 Depr	Acc. Depr	Basis 12/31/23			
Renovations																																				
Décor	11/15/2013	\$1,132.44	60													\$0.00	\$1,132.44	\$0.00													\$0.00	\$1,132.44	\$0.00			
US Foods Dinnerware	6/22/2021	\$76.98	60	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$15.40	\$24.38	\$52.60	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$1.28	\$15.40	\$39.77	\$37.21			
																\$0.00	\$0.00	\$0.00													\$0.00	\$0.00	\$0.00			
		\$1,132.44																																		
Equipment - General																																				
Ice Machine	2/28/2015	\$1,147.46	52													\$0.00	\$1,147.46	\$0.00													\$0.00	\$1,147.46	\$0.00			
Lateral filing cabinet	2/28/2015	\$720.77	52													\$0.00	\$720.77	\$0.00													\$0.00	\$720.77	\$0.00			
PO#52915MAFW	4/22/2015	\$857.30	56													\$0.00	\$857.30	\$0.00													\$0.00	\$857.30	\$0.00			
Heat Pumps [3]	4/23/2015	\$2,507.04	56													\$0.00	\$2,507.04	\$0.00													\$0.00	\$2,507.04	\$0.00			
Blender - Dietary	9/23/2015	\$748.39	60													\$0.00	\$748.39	\$0.00													\$0.00	\$748.39	\$0.00			
Heat Pump [2]	4/20/2016	\$1,532.82	60													\$0.00	\$1,532.82	\$0.00													\$0.00	\$1,532.82	\$0.00			
Simply Works Time clock	11/1/2016	\$1,790.00	59													\$0.00	\$1,790.00	\$0.00													\$0.00	\$1,790.00	\$0.00			
Kitchen Equipment	2/3/2017	\$588.58	60	\$9.79												\$9.79	\$588.58	\$0.00													\$0.00	\$588.58	\$0.00			
Blower Minicured expenses dur to loss damagesor, Control	5/4/2017	\$1,173.21	60	\$19.55	\$19.55	\$19.55	\$19.76									\$78.41	\$1,173.21	\$0.00													\$0.00	\$1,173.21	\$0.00			
Parts King - Washing Machine Repair	7/1/2017	\$588.30	60	\$9.81	\$9.81	\$9.81	\$9.81	\$9.81	\$9.51							\$58.56	\$588.30	\$0.00													\$0.00	\$588.30	\$0.00			
ACECO Dryer repair 23849	4/26/2020	\$1,516.98	60	\$25.28	\$25.28	\$25.28	\$25.28	\$25.28	\$25.28	\$25.28	\$25.28	\$25.28	\$25.28	\$25.28	\$25.28	\$303.40	\$809.06	\$707.92	\$25.28	\$25.28	\$25.28	\$25.28	\$25.28	\$25.28	\$25.28	\$25.28	\$25.28	\$25.28	\$25.28	\$25.28	\$303.40	\$1,112.45	\$404.53			
Fireside Equipment Purchase	6/18/2020	\$4,474.25	60	\$74.55	\$74.55	\$74.55	\$74.55	\$74.55	\$74.55	\$74.55	\$74.55	\$74.55	\$74.55	\$74.55	\$74.55	\$894.55	\$2,310.92	\$2,163.33	\$74.55	\$74.55	\$74.55	\$74.55	\$74.55	\$74.55	\$74.55	\$74.55	\$74.55	\$74.55	\$74.55	\$74.55	\$894.55	\$3,205.47	\$1,268.78			
Fireside Equipment Purchase July 2020	7/17/2020	\$700.00	60	\$11.67	\$11.67	\$11.67	\$11.67	\$11.67	\$11.67	\$11.67	\$11.67	\$11.67	\$11.67	\$11.67	\$11.67	\$140.00	\$350.00	\$350.00	\$11.67	\$11.67	\$11.67	\$11.67	\$11.67	\$11.67	\$11.67	\$11.67	\$11.67	\$11.67	\$11.67	\$11.67	\$140.00	\$490.00	\$210.00			
Amazon - Floor Processor	7/27/2020	\$592.13	60	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$118.43	\$296.07	\$296.07	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$9.87	\$118.43	\$414.49	\$177.64			
Medline - 1940884382 - Overbedside tables	2/6/2021	\$784.70	60	\$13.08	\$13.08	\$13.08	\$13.08	\$13.08	\$13.08	\$13.08	\$13.08	\$13.08	\$13.08	\$13.08	\$13.08	\$156.94	\$300.80	\$483.90	\$13.08	\$13.08	\$13.08	\$13.08	\$13.08	\$13.08	\$13.08	\$13.08	\$13.08	\$13.08	\$13.08	\$13.08	\$156.94	\$457.74	\$326.96			
Medline 1984663640 Wheelchairs	1/31/2022	\$1,193.47	60	\$19.89	\$19.89	\$19.89	\$19.89	\$19.89	\$19.89	\$19.89	\$19.89	\$19.89	\$19.89	\$19.89	\$19.89	\$238.69	\$238.69	\$954.78	\$19.89	\$19.89	\$19.89	\$19.89	\$19.89	\$19.89	\$19.89	\$19.89	\$19.89	\$19.89	\$19.89	\$19.89	\$238.69	\$477.39	\$716.08			
Medline 2215483893	6/15/2022	\$714.83	60							\$11.91	\$11.91	\$11.91	\$11.91	\$11.91	\$11.91	\$83.40	\$83.40	\$631.43	\$11.91	\$11.91	\$11.91	\$11.91	\$11.91	\$11.91	\$11.91	\$11.91	\$11.91	\$11.91	\$11.91	\$11.91	\$142.97	\$226.36	\$488.47			
Medline Linen 2225427231	8/20/2022	\$2,852.63	60								\$47.54	\$47.54	\$47.54	\$47.54	\$47.54	\$237.72	\$237.72	\$2,614.91	\$47.54	\$47.54	\$47.54	\$47.54	\$47.54	\$47.54	\$47.54	\$47.54	\$47.54	\$47.54	\$47.54	\$47.54	\$47.54	\$570.53	\$808.25	\$2,044.38		
New Source Lost Equip 00002682300	9/3/2022	\$4,031.49	60									\$67.19	\$67.19	\$67.19	\$67.19	\$268.77	\$268.77	\$67.19	\$67.19	\$67.19	\$67.19	\$67.19	\$67.19	\$67.19	\$67.19	\$67.19	\$67.19	\$67.19	\$67.19	\$67.19	\$806.30	\$1,075.06	\$2,956.43			
Medline 2234103292 Mattresses	9/3/2022	\$661.34	60										\$11.02	\$11.02	\$11.02	\$44.09	\$44.09	\$617.25	\$11.02	\$11.02	\$11.02	\$11.02	\$11.02	\$11.02	\$11.02	\$11.02	\$11.02	\$11.02	\$11.02	\$11.02	\$11.02	\$132.27	\$176.36	\$484.98		
US Foods CHINA	8/30/2022	\$446.35	60										\$7.44	\$7.44	\$7.44	\$37.20	\$37.20	\$409.15	\$7.44	\$7.44	\$7.44	\$7.44	\$7.44	\$7.44	\$7.44	\$7.44	\$7.44	\$7.44	\$7.44	\$7.44	\$89.27	\$126.47	\$319.88			
Amazon	10/31/2022	\$129.89	60											\$2.16	\$2.16	\$6.49	\$6.49	\$123.40	\$2.16	\$2.16	\$2.16	\$2.16	\$2.16	\$2.16	\$2.16	\$2.16	\$2.16	\$2.16	\$2.16	\$2.16	\$2.16	\$25.98	\$32.47	\$97.42		
US Foods, Inc. * - Plates/Bowls	12/24/2022	\$287.17	60											\$4.79	\$4.79	\$282.38	\$4.79	\$4.79	\$282.38	\$4.79	\$4.79	\$4.79	\$4.79	\$4.79	\$4.79	\$4.79	\$4.79	\$4.79	\$4.79	\$4.79	\$4.79	\$57.43	\$62.22	\$224.95		
US Foods, Inc. * - Plates/Bowls	12/22/2022	\$461.02	60											\$7.68	\$7.68	\$7.68	\$453.34	\$7.68	\$7.68	\$7.68	\$7.68	\$7.68	\$7.68	\$7.68	\$7.68	\$7.68	\$7.68	\$7.68	\$7.68	\$7.68	\$7.68	\$92.20	\$99.89	\$361.13		
12-2022 - Amazon 12/07/2022	12/31/2022	\$419.00	60											\$6.98	\$6.98	\$6.98	\$412.02	\$6.98	\$6.98	\$6.98	\$6.98	\$6.98	\$6.98	\$6.98	\$6.98	\$6.98	\$6.98	\$6.98	\$6.98	\$6.98	\$6.98	\$83.80	\$95.78	\$328.22		
12-2022 - Amazon 12/22/2022	12/31/2022	\$369.93	60											\$6.17	\$6.17	\$6.17	\$363.76	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$73.99	\$80.15	\$289.78		
12-2022 - Walmart 12/05/2022	12/31/2022	\$94.18	60											\$1.57	\$1.57	\$1.57	\$92.61	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$18.84	\$20.41	\$73.77		
12-2022 - Peninsula 12/15/2022	12/31/2022	\$311.53	60											\$5.19	\$5.19	\$5.19	\$306.34	\$5.19	\$5.19	\$5.19	\$5.19	\$5.19	\$5.19	\$5.19	\$5.19	\$5.19	\$5.19	\$5.19	\$5.19	\$5.19	\$5.19	\$62.31	\$67.50	\$244.03		
12-2022 - Amazon 12/09/2022	12/31/2022	\$50.75	60											\$0.85	\$0.85	\$0.85	\$49.90	\$0.85	\$0.85	\$0.85	\$0.85	\$0.85	\$0.85	\$0.85	\$0.85	\$0.85	\$0.85	\$0.85	\$0.85	\$0.85	\$0.85	\$10.15	\$11.00	\$39.75		
12-2022 - Amazon 12/21/2022	12/31/2022	\$259.77	60											\$4.33	\$4.33	\$4.33	\$255.44	\$4.33	\$4.33	\$4.33	\$4.33	\$4.33	\$4.33	\$4.33	\$4.33	\$4.33	\$4.33	\$4.33	\$4.33	\$4.33	\$4.33	\$51.95	\$56.28	\$203.49		
12-2022 - Amazon 12/07/2022	12/31/2022	\$119.55	60											\$1.99	\$1.99	\$1.99	\$117.56	\$1.99	\$1.99	\$1.99	\$1.99	\$1.99	\$1.99	\$1.99	\$1.99	\$1.99	\$1.99	\$1.99	\$1.99	\$1.99	\$1.99	\$23.91	\$25.90	\$93.65		
12-2022 - Websterstaurant 12/09/22 Food Processor	12/31/2022	\$483.06	60																																	

[illegible]

[illegible]

Fill in this information to identify the case:

Debtor name Remarkable Healthcare of Fort Worth, LP
 United States Bankruptcy Court for the: Eastern District of Texas
 Case number (if known): 23-42100

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Creditor's name <u>Alleon Capital Partners</u> Creditor's mailing address <u>1086 Teaneck Road, Suite 4D</u> <u>Teaneck, NJ 07666</u> Creditor's email address, if known Date debt was incurred <u>06/07/2019</u> Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, <div style="border: 1px solid black; height: 30px; width: 250px; margin-top: 5px;"></div>	Describe debtor's property that is subject to a lien <u>all assets</u> Describe the lien <u>Agreement you made, Claim is subject to se</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$ 3,435,078.62</u>	<u>\$ 0.00</u>
2.2	Creditor's name <u>Glazier Foods Co</u> Creditor's mailing address <u>PO Box 2244</u> <u>Grand Rapids, MI 49501</u> Creditor's email address, if known Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <div style="border: 1px solid black; height: 30px; width: 250px; margin-top: 5px;"></div> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>all assets</u> Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$ Unknown</u>	<u>\$ 0.00</u>
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.		<u>\$ 3,435,078.62</u>		

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3 **Creditor's name**
PeopleFund**Describe debtor's property that is subject to a lien**

all assets

\$Unknown

\$0.00

Creditor's mailing address400 S. Zang Blvd.
Suite 210, Dallas, TX 75208**Creditor's email address, if known****Date debt was incurred****Last 4 digits of account number****Describe the lien****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☒ Contingent☒ Unliquidated☒ Disputed☐ Yes. The relative priority of creditors is specified on lines _____**2.** **Creditor's name****Describe debtor's property that is subject to a lien**

\$ _____

\$ _____

Creditor's mailing address**Creditor's email address, if known****Date debt was incurred****Last 4 digits of account number****Describe the lien****Do multiple creditors have an interest in the same property?**☐ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☐ No☐ Yes**Is anyone else liable on this claim?**☐ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines _____

Fill in this information to identify the case:

Debtor Remarkable Healthcare of Fort Worth, LP

United States Bankruptcy Court for the: Eastern District of Texas

Case number 23-42100
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address
EmployeesAs of the petition filing date, the claim is: \$ Unknown

Total claim	Priority amount
\$ <u>Unknown</u>	\$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:
Wages, Salaries, Commissions

Date or dates debt was incurred
_____Last 4 digits of account number
_____Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
- ☐ Yes

2.2 Priority creditor's name and mailing address
Internal Revenue Service
Centralized Insolvency Operation
PO Box 7346
Philadelphia, PA, 19101-7346As of the petition filing date, the claim is: \$ Unknown

\$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:
Taxes & Other Government Units

Date or dates debt was incurred
_____Last 4 digits of account number
_____Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No
- ☐ Yes

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

\$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Date or dates debt was incurred
_____Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address See Attachment B (unsecured creditors)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Date or dates debt was incurred _____ Last 4 digits of account number _____
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3.2	Nonpriority creditor's name and mailing address Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ _____
3.3	Nonpriority creditor's name and mailing address Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ _____
3.4	Nonpriority creditor's name and mailing address Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ _____
3.5	Nonpriority creditor's name and mailing address Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ _____
3.6	Nonpriority creditor's name and mailing address Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

\$ 0.00

5b. **Total claims from Part 2**

5b.

+

\$ 0.00

5c. **Total of Parts 1 and 2**

5c.

\$ 0.00

Lines 5a + 5b = 5c.

Vendor	Address 1	Address 2	City	State/Province	Zip/Postal Code	Total
Abshire Dietary Consultants	P.O. Box 1635		0 El Campo	TX	77437	\$ 4,674.60
ACECO LLC	PO BOX 773		0 Granbury	TX	76048	\$ 594.02
All Needz Plumbing	2705 Saint Louis Ave		0 Fort Worth	TX	76110	\$ 2,683.65
Allegiance Ambulance	PO BOX 4320		0 Houston	TX	77210	\$ 1,685.00
AT&T 831 001 005 4263	PO BOX 5019		0 Carol Stream	IL	60197-5019	\$ 3,508.79
AT&T MOBILITY (Account 877003191)	PO Box 6463		0 Carol Stream	IL	60197-6463	\$ 2,293.89
Atmos Energy	P.O. Box 790311		0 St. Louis	MO	63179	\$ 449.08
Auto-Chlor	P.O. Box 669126		0 Dallas	TX	75266	\$ 5,289.15
Barbara McCollough	1101 Nottingham Trail		0 Fort Worth	TX	76179	\$ 2,578.52
Beard,Kultgen,Brophy Bostwick&Dickerson	220 South 4th Street		0 Waco	TX	76701	\$ (5,133.34)
Bessie James	3201 Sondra Dr		0 Fort Worth	TX	76107	\$ 88.55
Bill Warren	2828 Flint Rock Dr		0 Fort Worth	TX	76131	\$ 432.76
Biomedical Waste Solutions	PO Box 1147		0 Port Neches	TX	77651	\$ 3,349.50
BioSTAT	4841 Keller Springs Rd		0 Addison	TX	75001	\$ 5,381.63
BioStat Imaging, LLC	4841 Keller Springs Rd		0 Addison	TX	75001	\$ 1,005.00
Blue Cross Blue Shield of Texas	P.O. Box 731428		0 Dallas	TX	75373-1428	\$ 15,185.82
Bonnie Wolf		0	0 Watauga	TX	76148	\$ 541.19
Cantwell Power Solutions, LLC	6413 Midway Rd suite		0 Haltom City	TX	76117	\$ 4,592.80
Care One Communications LLC	PO Box 153122		0 Dallas	TX	75315	\$ 3,468.87
Care Trips LLC	1616 Gateway Blvd., Suite B		0 Richardson	TX	75080	\$ 5,422.00
Carrington Coleman	901 Main Street	Suite 5500	Dallas	TX	75202	\$ 20,637.09
Charter Communications 4496	PO Box 94188		0 Palatine	IL	60094-4188	\$ 79.23
Chris McPike	904 Emerald Blvd		0 Southlake	TX	76092	\$ 2,989.02
City of Fort Worth Water Department	P.O. Box 961003		0 Fort Worth	TX	76161	\$ 18,798.08
Colonial Life	P.O. Box 903		0 Columbia	SC	29202	\$ 3,746.64
Complete ERC	3348 Darvany dr.		0 Dallas	TX	75220	\$ 10,625.00
Complex Rehab Technology	13004 Murphy Rd	ste 200	Stafford	TX	77477	\$ 13,505.36
Cotton Commercial USA, Inc	PO BOX 676549		0 Dallas	TX	75267	\$ 8,669.36
Curtis Castillo	901 Main Street	Suite 6515	Dallas	TX	75202	\$ 846.26
DADS	PO BOX 149030	E-411	Austin	TX	78714-9030	\$ 7,392.08
Dallas Life Support Systems Inc.	7440 Whitehall St.		0 Richland Hills	TX	76118	\$ 5,833.20
Deborah Retcher	5509 Scoggins St		0 Sansom Park	TX	76114	\$ 828.69
Diagnostex Consultants	8913 Mid Cities Blvd	Suite 100	North Richland Hills	TX	76182	\$ 874.34
Digital Verdict, Inc.	901 Main Street	Suite 6540	Dallas	TX	75202	\$ 75.78
Direct Energy Business	P.O. Box 660749		0 Dallas	TX	75266	\$ 29,469.63
Direct Supply, Inc.	Box 88201		0 Milwaukee	WI	53288-0201	\$ 2,127.17
DNA Plumbing Services Ft. Worth	3807 Parchman Street	Suite D	North Richland Hills	TX	76180	\$ 882.76
Elizabeth A Wallace Estate	640 Taylor St	17th floor	Fort Worth	TX	76102	\$ 3,315.00
Engle Resources	P.O. Box 841680		0 Dallas	TX	75284-1680	\$ 49,778.79
Enterprise Security Solutions of Texas,	PO Box 339		0 Fort Worth	TX	76137	\$ 478.31
Exponent Technologies, Inc.	4970 Landmark Place	Attn:Accounts Receivable	Dallas	TX	75254	\$ 2,207.90
Faith Forward Nurse Aide Training Academ		0	0	0	0	\$ 1,071.24
Fort Worth Internal Medicine	650 St. Louis Ave		0 Fort Worth	TX	76104	\$ 36,000.00
Gorman Mechanical	1624 SE Parkway		0 Azle	TX	76020	\$ 238.15
Hart HVAC LLC	2915 Greelee Park Trail		0 Weatherford	TX	76088	\$ 708.41
Infinity Mechanical Services LLC	702 Ascot Park Dr.		0 Mansfield	TX	76063	\$ 525.00
Intrepid Technologies, Inc.	PO Box 55145		0 Little Rock	AR	72215	\$ 5,566.55
IPFS Corporation	P.O. Box 100391		0 Pasadena	CA	91189-0391	\$ 29,215.74
ISOLVED BENEFIT SERVICES BENEFIT SERVICE	PO box 889		0 Coldwater	MI	49036	\$ 1,093.92
Jeffrey Archer		0	0	0	0	\$ 106.11
Jessica Anderson	4712 E Renfro St		0 Alvarado	TX	76009	\$ 99.00
JJNEMT LLC	1741 Cross Creek Lane		0 Cleburne	TX	76033	\$ 14,934.28
Judy Kaufman	3716 Ashforde Dr		0 Bedford	TX	76021	\$ 448.56
Kaliber Data Security & Compliance	50 Franklin Street	Suite 3A	Boston	MA	2110	\$ 415.84
Kellie Jo Bruns	593 W. 175th St South		0 Caldwell	KS	67022	\$ 1,888.77
Kevin Greer	2835 FM 559		0 Texarkana	TX	75503	\$ 18,819.25
Kirby Restaurant & Chemical Supply	809 South Eastman Road		0 Longview	TX	75602	\$ 2,428.05
Laura Osiel	2837 Melanie Dr		0 Fort Worth	TX	76131	\$ 550.76
Lee Eckler	7140 Old Santa Fe Trail		0 Fort Worth	TX	76131	\$ 1,763.23
Lisa Oliphant	884 Oakcrest Rd		0 Spartanburg	SC	29301	\$ 1,980.00
Loreeta Hampton	713 Sierra Balanca		0 Saginaw	TX	76179	\$ 2,178.31
Lori Winward	4200 Engleman St		0 Fort Worth	TX	76137	\$ 561.68
Manage Meds, LLC	29924 Network Place		0 chicago	IL	60673-1299	\$ 787.50
Management and Network Services	6500 Emerald Parkway	Suite 310	Dublin	OH	43016	\$ 4,500.00
Mary Jane Salazar	1317 Nolte Farms Road		0 Seguin	TX	78155	\$ 759.75
Mas Vida Health Care Solutions	133 Nursery Ln		0 Fort Worth	TX	76114	\$ 449.58
MedixCar LLC	7309 Big Bend Ct.		0 Fort Worth	TX	76137	\$ 56,442.00
Medline Industries, Inc.	Dept 1080	P.O. Box 121080	Dallas	TX	75312	\$ 53,588.81
Michelle Holbrook	6649 North Riverside Dr		0 Fort Worth	TX	76137	\$ 173.05
Mid-South Fire Solutions, LLC	669 Aero Drive		0 Shreveport	LA	71107	\$ 2,938.69
Miranda M. Williams, LLC	7613 Providence dr		0 Rowlett	TX	75089	\$ 1,750.00
Netsmart Technologies, Inc.	PO Box 713519		0 Philadelphia	PA	19171	\$ 945.00
New Source Medical	9913 Shelbyville Rd	Suite 203	Louisville	KY	40223	\$ 205,405.51
Non Emergency Transport Inc.	P.O. Box 940		0 Fort Worth	TX	76101	\$ 97.00
North Texas Fire Systems, LLC	PO Box 880		0 Sanger	TX	76266	\$ 13,307.61

NTTA North Texas Tollway Authority	P.O. Box 660244		0 Dallas	TX	75266	\$	948.11
Open Text Inc	24685 Network Place		0 Chicago	IL	60673	\$	1,343.16
Optima Healthcare Solutions, LLC.	PO Box 72046		0 Cleveland	OH	44192	\$	4,403.96
Orkin	3330 Keller Springs RD	Suite 250		Carrollton	TX	75006	\$ 337.95
Parts Town, LLC	27787 Network Place		0 Chicago	IL	60673	\$	1,572.26
Patricia Nieto	8836 Moon Rise Ct		0 Fort Worth	TX	76244	\$	1,059.25
Peggy Owens	1039 Springhill Dr		0 Saginaw	TX	76179	\$	1,803.04
Performance Foodservice	524 West 61st street		0 Shreveport	LA	71106	\$	11,485.66
Petty Cash - Maintenance	5614 Equestrian Ct.		0 Granbury	TX	76047	\$	3,333.34
Pharmacy Unlimited	PO Box 592602		0 San Antonio	TX	78259	\$	298,863.73
PointClick Care Technologies INC	PO BOX 674802		0 DETROIT	MI	48267	\$	21,465.28
Powers Taylor	5445 La Sierra Dr	STE 300		Dallas	TX	75231	\$ 4,166.68
Preston Horn	4 Salida dr		0 Trophy Club	TX	76262	\$	325.87
Quatro Tax LLC	3909 Hulen Street	Suite 100		Fort Worth	TX	76107	\$ 21,563.72
Quintairos, Prieto, Wood and Boyer PA	9300 South Dadeland Blvd	4th Floor		Miami	FL	33156	\$ 18,156.43
Ralph Robertson	1706 Southwest 61st ave		0 Amarillo	TX	79118	\$	2,473.04
RC Practitioners, PLLC	4251 FM 2181	STE 230 #196		Corinth	TX	76210	\$ 6,240.00
Reserve Capital Group	100 Overlook Center	2nd Floor		Princeton	NJ	8540	\$ 2,114.48
Ride N Safe, LLC	PO Box 428		0 Granbury	TX	76048	\$	4,563.00
RingCentral		0	0		0	\$	120.41
Robert Gross	6774 Randon New Hope R	Trailer B		Fort Worth	TX	76140	\$ 257.02
Sarah Tracy	6313 Overlake Dr		0 Fort Worth	TX	76135	\$	2,435.49
Scrubs on Wheels	1730 Gateway Ct		0 Elkhart	IN	46514	\$	1,407.56
Shannon NEMT LLC	1417 S. Dobson St.		0 Burleson	TX	76028	\$	1,755.42
ShredAmerica Texas LLC	3831 FM 2181, Suite 103		0 Corinth	TX	76210	\$	2,066.99
Simply Work	PO Box 2172		0 Neenah	WI	54957	\$	1,901.50
Spectrum 1548	PO Box 94188		0 Palatine	IL	60094-4188	\$	(5,871.66)
StripingLot	2630 N. I35E		0 Carrollton	TX	75007	\$	2,652.13
Texas Health and Human Services Comm.	HHSC AR MC1470	PO Box 149055		Austin	TX	78714	\$ 15,200.00
The Copier Guy	PO BOX 542961		0 Dallas	TX	75354	\$	405.94
The Flying Locksmiths - Fort Worth	4364 Western Center Blvd	#804		Fort Worth	TX	76137	\$ 205.68
The Messina Law Firm PC	5910 N Central Expressway		0 Dallas	TX	75206	\$	(20,000.00)
The PICC Team DFW	4500 Northside Dr.		0 Amarillo	TX	79108	\$	10,115.00
The Sherwin Williams		0	0 Watauga	TX	76148-2507	\$	25.93
Three D Lawn Care LLC	3681 Agnes Circle		0 Springtown	TX	76082	\$	11,450.00
Titan Air Solutions	1923 Golden Heights Rd, #204		0 Fort Worth	TX	76177	\$	3,525.00
Total Fire and Safety, Inc.	#N/A	#N/A	#N/A	#N/A	#N/A	\$	441.00
Trans-Care Medical Transport	PO Box 14274		0 Fort Worth	TX	76117	\$	17,534.00
Victoria Falcon	3052 Wakecrest Dr		0 Fort Worth	TX	76108	\$	1,297.55
VOHRA Wound Physicians	PO Box 742712		0 Atlanta	GA	30374	\$	1,273.80
WVC of Texas	PO Box 742695		0 Cincinnati	OH	45274-2695	\$	12,409.98
					Grand Total	\$	1,169,816.22

Fill in this information to identify the case:

Debtor name Remarkable Healthcare of Fort Worth, LP

United States Bankruptcy Court for the: Eastern District of Texas

Case number (If known): 23-42100 Chapter 11

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

	Executory contracts (vendors)	See Attachment C (vendors)
2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.2	<p>Executory contracts (utilities)</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	See Attachment D (utilities)
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	

Attachment (contract vendors)

Vendor Name	Address 1	Address 2	Address 3	City	State/Province	Zip/Postal Code	Amount
Crowe Arnold and Majors LLP	901 Main Street	Suite 6550		Dallas	TX	75202	\$ -
Dallas Life Support Systems Inc.	7440 Whitehall St.			Richland Hills	TX	76118	\$ 5,833.20
Mas Vida Health Care Solutions	133 Nursery Ln			Fort Worth	TX	76114	\$ 449.58
Medline Industries, Inc.	Dept 1080	P.O. Box 121080		Dallas	TX	75312	\$ 53,588.81
New Source Medical	9913 Shelbyville Rd	Suite 203		Louisville	KY	40223	\$ 205,405.51
Performance Foodservice	524 West 61st street			Shreveport	LA	71106	\$ 11,485.66
Pharmacy Unlimited	PO Box 592602			San Antonio	TX	78259	\$ 298,863.73
The PICC Team DFW	4500 Northside Dr.			Amarillo	TX	79108	\$ 10,115.00
Neighborhood Xray	6901 K Ave, Suite 109, Suite 109			Plano	TX	75074	\$ -
SmartLabs	7920 Beltline Rd.	Suite 200		Dallas	TX	75254	\$ -
Nutritious Lifestyles	918 Lucerne Terrace			Orlando	FL	32806	\$ -
JJNEMT LLC	1741 Cross Creek Lane			Cleburne	TX	76033	\$ 14,934.28

Fill in this information to identify the case:Debtor name Remarkable Healthcare of Fort Worth, LPUnited States Bankruptcy Court for the: Eastern District of TexasCase number (If known): 23-42100☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Jon McPike	904 Emerald Blvd. Southlake, TX 76092	Alleon Capital Partners	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Laurie Beth McPike	904 Emerald Blvd. Southlake, TX 76092	Alleon Capital Partners	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case and this filing:

Debtor Name Remarkable Healthcare of Fort Worth, LP
United States Bankruptcy Court for the: Eastern District of Texas
Case number (If known): 23-42100

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature


I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/30/2023
MM / DD / YYYY


Signature of individual signing on behalf of debtor

Laurie Beth McPike
Printed name

President/CEO
Position or relationship to debtor